

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-021593

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5928

STATE FILE NUMBER

1. PLACE OF DEATH.

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in lb
27 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN St. LouisInside Limits
Yes ☐ No ☐c. FULL NAME OF (IF NOT in hospital, give location)
HOSPITAL OR St. Louis-Little Rock
INSTITUTION Hospitals, Inc.Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4448 McPherson Ave.,Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Kathryn

Middle

Irene

Last

Gebert

4. DATE
OF
DEATHMonth
June

Day

3

Year
1963

5. SEX

FE Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

3-13-08

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Information Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

St. Louis Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Benno Gebert

13b. MOTHER'S MAIDEN NAME

Marian Ketchum

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

070

17. INFORMANT

Benno Gebert 4448 McPherson

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Rt. Breast with
metastasis to liverINTERVAL BETWEEN
ONSET AND DEATH

1961

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 9, 1963, to June 3, 1963 and last saw her alive on June 1, 1963

Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 So Grand Blv'd

22c. DATE SIGNED

(State)

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

June 5 63

23c. NAME OF CEMETERY OR CREMATORY

Valhalla

23d. LOCATION (City, town, or county)

St. Louis Cty Mo.

24. FUNERAL DIRECTOR

ADDRESS

Schnur Funeral Home

3125 Lafayette

25. DATE RECD. BY LOCAL REG.

JUN 5 1963

26. REGISTRAR'S SIGNATURE

R. Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 14608

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.